



Prince George's County Fire/EMS Department

Personal Protective Equipment and Self Contained Breathing Apparatus Refresher Training Form

Effective Date: 04/10/2012

Name: _____ PGFD ID#: _____ Station #: _____

<u>Refresher Training</u>	<u>Completion Date</u>	<u>Instructor / Evaluator ID#</u>
Self Contained Breathing Apparatus (SCBA) Refresher Course	_____	_____
Personal Protective Equipment (PPE) & SCBA Practical Skills:		
1. Skill Drill 2-1: Donning PPE	_____	_____
2. <i>Must Complete one of the following Donning SCBA Drills</i>		
a. Skill Drill 2-3: Donning SCBA – Seat Mounted Bracket	_____	_____
b. Skill Drill 2-5: Donning SCBA – Over the Head Method	_____	_____
c. Skill Drill 2-6: Donning SCBA – Coat Method	_____	_____
3. Skill Drill 2-7: Donning a Face Piece	_____	_____
4. Skill Drill 2-9: Daily SCBA Inspection	_____	_____
5. Skill Drill 2-14: Activating the PASS Device	_____	_____

By signing below, I hereby certify that the individual listed above has successfully completed all skill requirements for the refresher training programs listed above. In addition, I have visually inspected and verified all documentation for accuracy, reliability and completeness.

Instructor / Evaluator's Signature and ID #

Date

Battalion Chief / Volunteer Chief's Signature and ID #

Printed Instructor / Evaluator's Name

Printed Battalion Chief / Volunteer Chief's Name